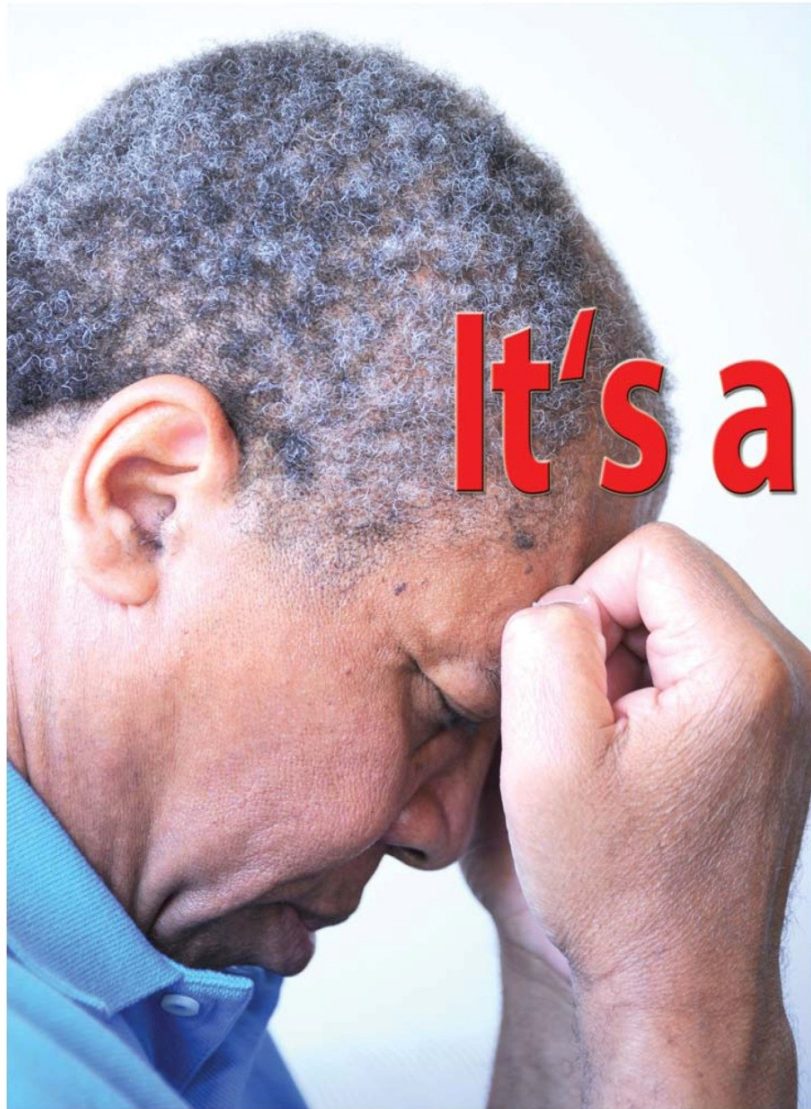


Abuse, Neglect and Financial Exploitation of Missouri's Elderly and Adults with Disabilities



It's a crime.

Fiscal Year 2011

Missouri's Abuse and Neglect Hotline for the Elderly and Adults with Disabilities 1-800-392-0210
Relay Missouri TDD: 1-800-735-2966 Voice: 1-800-735-2460
Department of Health and Senior Services, P.O. Box 570, Jefferson City, MO 65102-0570
www.health.mo.gov



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Reporting Requirements

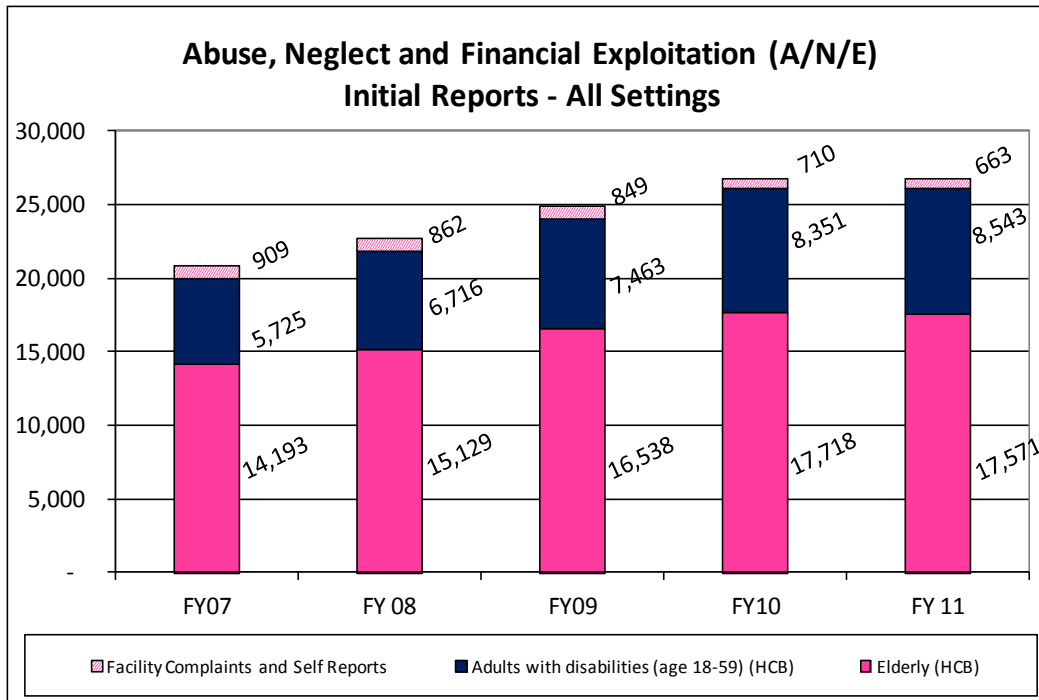
Facility Residents - Section 198.070, RSMo : reasonable cause to believe that a resident of a facility has been abused or neglected	Mandated Reporters		
<p>Consumers of Personal Care - Section 208.912, RSMo: reasonable cause to believe that a consumer has been abused or neglected as a result of the delivery of or failure to deliver personal care assistance services</p> <p>Seniors - Section 565.188, RSMo: reasonable cause to suspect an adult at least 60 years old has been subjected to conditions or circumstances which would result in abuse or neglect</p> <p>Clients of Home Care - Section 660.300, RSMo: reasonable cause to believe that an in-home services client has been abused or neglected as a result of in-home services</p> <p>Failure to report is a Class A misdemeanor under the above statutes.</p>	<ul style="list-style-type: none"> ✦ Adult Day Care Worker ✦ Chiropractor ✦ Christian Science Practitioner ✦ Coroner ✦ Dentist ✦ Embalmer ✦ Employee of the Department of Health and Senior Services ✦ Employee of the Department of Social Services ✦ Employee of the Department of Mental Health ✦ Employee of a local Area Agency on Aging (AAA) or an organized AAA Program ✦ Funeral Director ✦ Home Health Agency or Agency Employee 	<ul style="list-style-type: none"> ✦ Hospital or Clinic Personnel engaged in examination, care, or treatment of persons ✦ In-Home Services owner, provider, operator, or employee ✦ Law Enforcement ✦ Long-Term Care Facility Administrator or Employee ✦ Medical Examiner ✦ Medical Resident or Intern ✦ Mental Health Professional ✦ Minister ✦ Nurse 	<ul style="list-style-type: none"> ✦ Nurse Practitioner ✦ Optometrist ✦ Other Health Practitioner ✦ Peace Officer ✦ Person with responsibility for the care of a person 60 years of age or older or an eligible adult ✦ Personal Care Attendant ✦ Pharmacist ✦ Physical Therapist ✦ Physician ✦ Physician's Assistant ✦ Podiatrist ✦ Probation or Parole Officer ✦ Psychologist ✦ Social Worker ✦ Consumer Directed Services Vendor

Reporting

The reporter should be prepared to answer the following questions to the best of his or her ability:

- ✦ The alleged victim's name, address, telephone number, sex, age and general condition;
- ✦ The alleged abuser's name, address, sex, age, relationship to victim and condition;
- ✦ The circumstances which lead the reporter to believe that the older person is being abused, neglected or financially exploited, with as much specificity as possible;
- ✦ Whether the alleged victim is in immediate danger, the best time to contact the alleged victim, if he or she knows of the report, and if there is any danger to the worker going out to investigate;
- ✦ The name, daytime telephone number, and relationship of the reporter to the alleged victim;
- ✦ The names of others with information about the situation;
- ✦ If the reporter is not a required reporter, whether he or she is willing to be contacted again; and
- ✦ Any other relevant information.

Initial Reports

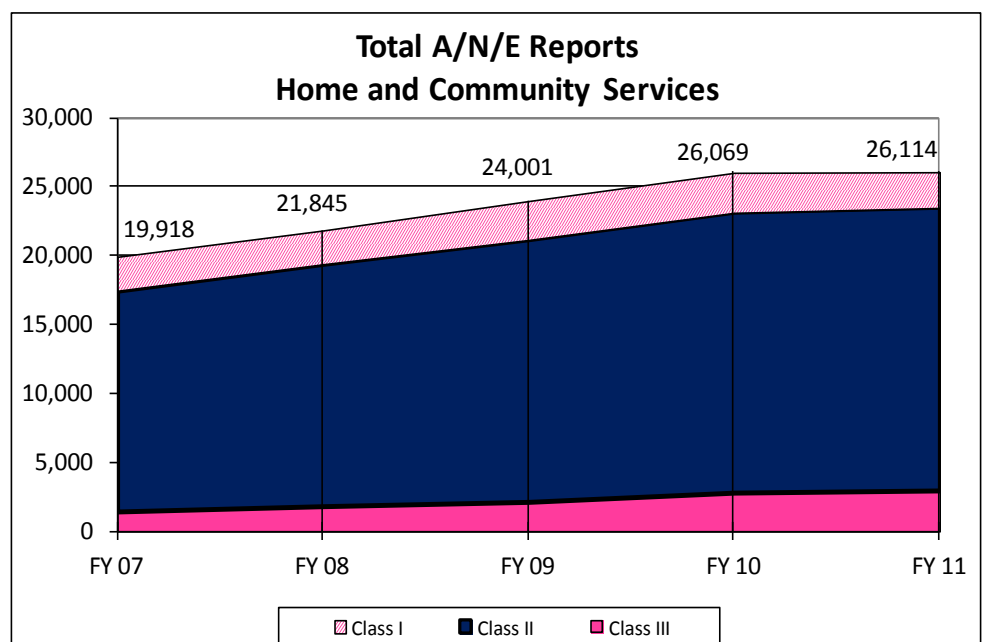


Total initial reports of abuse, neglect, and financial exploitation (A/N/E) showed little change between FY 2010 and FY 2011. For adults with disabilities between 18 and 59, reports increased by 2.3 percent or 192 more reports.

Reports for A/N/E increased by an average of 9.6 percent over the last five years. Reports for adults with disabilities between 18 and 59 jumped 49.22 percent, while reports for those 60 and older increased 23.8 percent. These increases are likely to continue as more baby boomers turn 60; economic pressures add stress to families; and the public becomes more educated about how to report abuse, neglect, and financial exploitation.

Home & Community-Based Settings

Class I reports (imminent danger) comprise about 10 percent of the FY 2011 reports; Class II reports, around 78 percent. Class I reports are up 2.8 percent from FY 2010.



Investigations

The subsequent investigation is conducted in accordance with the following statutory guidelines:

1. The identity of a reporter is protected in accordance with state statutes (198.070 RSMo; 660.263 RSMo; 660.300 RSMo; and 660.320 RSMo).
2. A reporter is immune from civil or criminal liability for making a report or testifying pursuant to state mandates (198.070 RSMo; 208.912 RSMo; 208.915 RSMo; 565.190 RSMo; 660.300 RSMo; and 660.305, RSMo).
3. Persons who report (other than the perpetrator) shall be protected from harassment, dismissal, or retaliation when such a report is filed in good faith (198.070 RSMo; 208.912 RSMo; 208.915 RSMo; 660.300 RSMo; and 660.305 RSMo).
4. The Employee Disqualification List (EDL) is an administrative vehicle through which the director of the Department of Health and Senior Services (DHSS) may prohibit persons from working in any elder care entity that is licensed by, certified by, or contracts with DHSS (660.315 RSMo).
5. An agency providing services shall be responsible for screening prospective employees, including criminal background and EDL checks, and reviewing current employees against the most recent information contained in the EDL (198.070 RSMo and 660.317 RSMo).
6. DHSS has statutory responsibility for investigation of all allegations of abuse and neglect (198.070 RSMo, 208.912 RSMo; 208.915 RSMo; 565.186 RSMo; 660.260 RSMo; 660.261 RSMo; 660.300 RSMo; and 660.305 RSMo).
7. A DHSS worker shall investigate reports of alleged abuse and neglect in accordance with current division policy. The investigation will focus on gathering all pertinent information and will generally include:
 - Contact with the reporter for additional information;
 - An interview with the alleged victim;
 - An interview with any relevant witnesses; and
 - An interview with the alleged perpetrator.

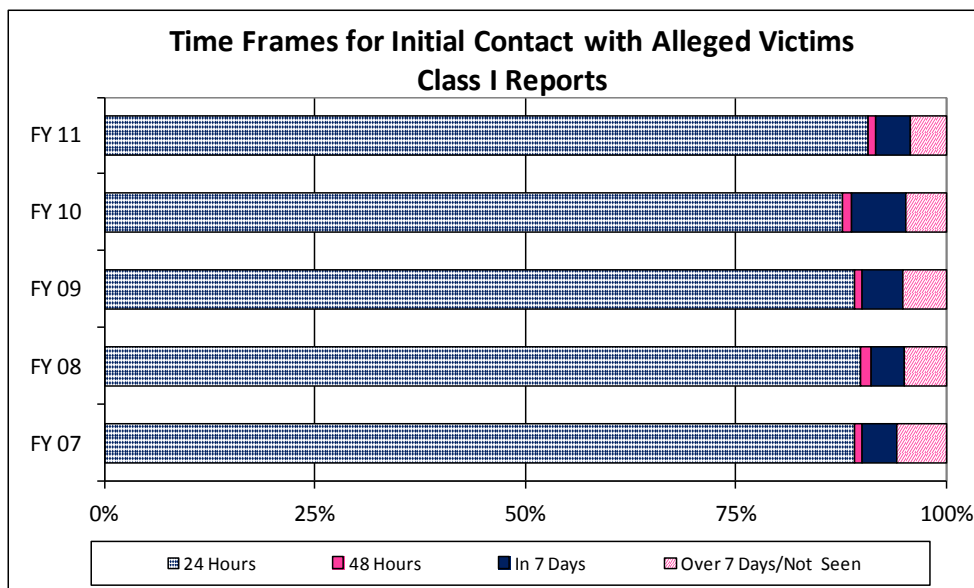
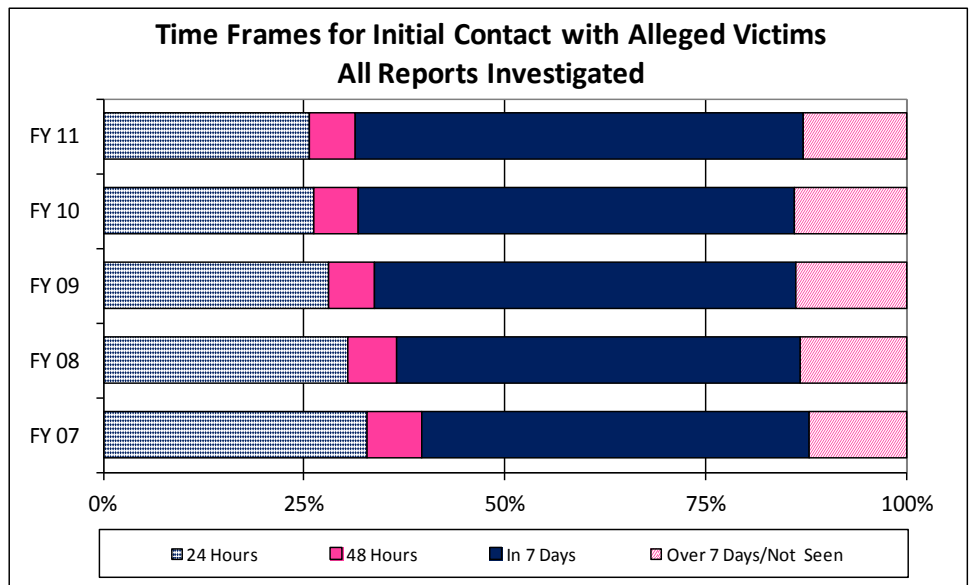
Classification of Reports

Class I reports involve life-threatening, imminent danger situations that indicate a high risk of injury or harm to an adult. Initial contact with an alleged victim is made as soon as possible, usually within 24 hours.

Class II reports involve situations that may result in harm or injury to an adult but are not life threatening. Initial contact with an alleged victim is usually made within one week.

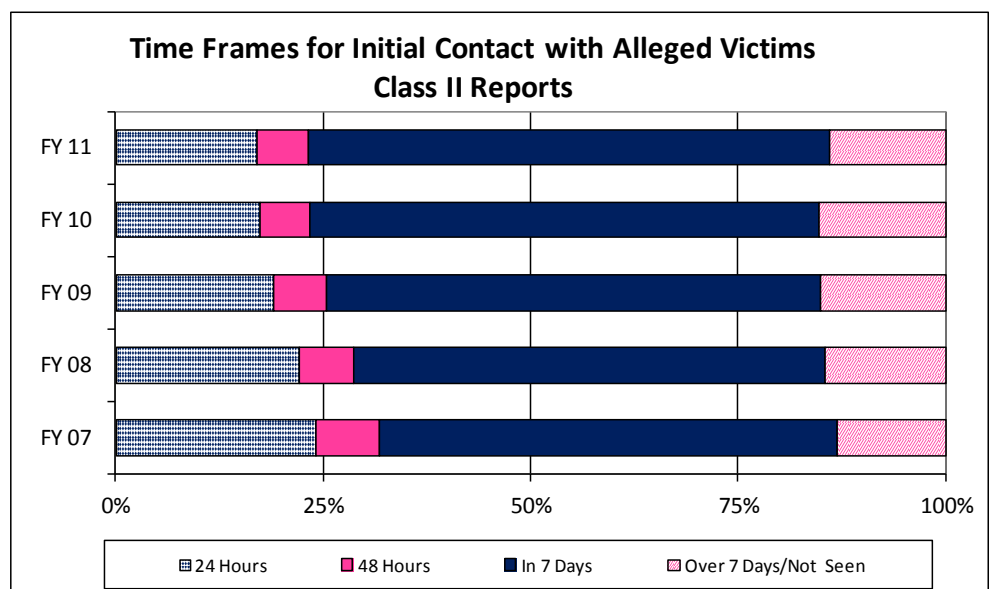
Class III reports involve non-protective situations or additional information on an open report.

An investigation of Home and Community-Based Services reports begins as soon as is necessary, according to information contained in the report. Regardless of the report classification, 87 percent of alleged victims are seen within seven days. The alleged victims not seen include those whom investigators are unable to locate, or those who moved or died.



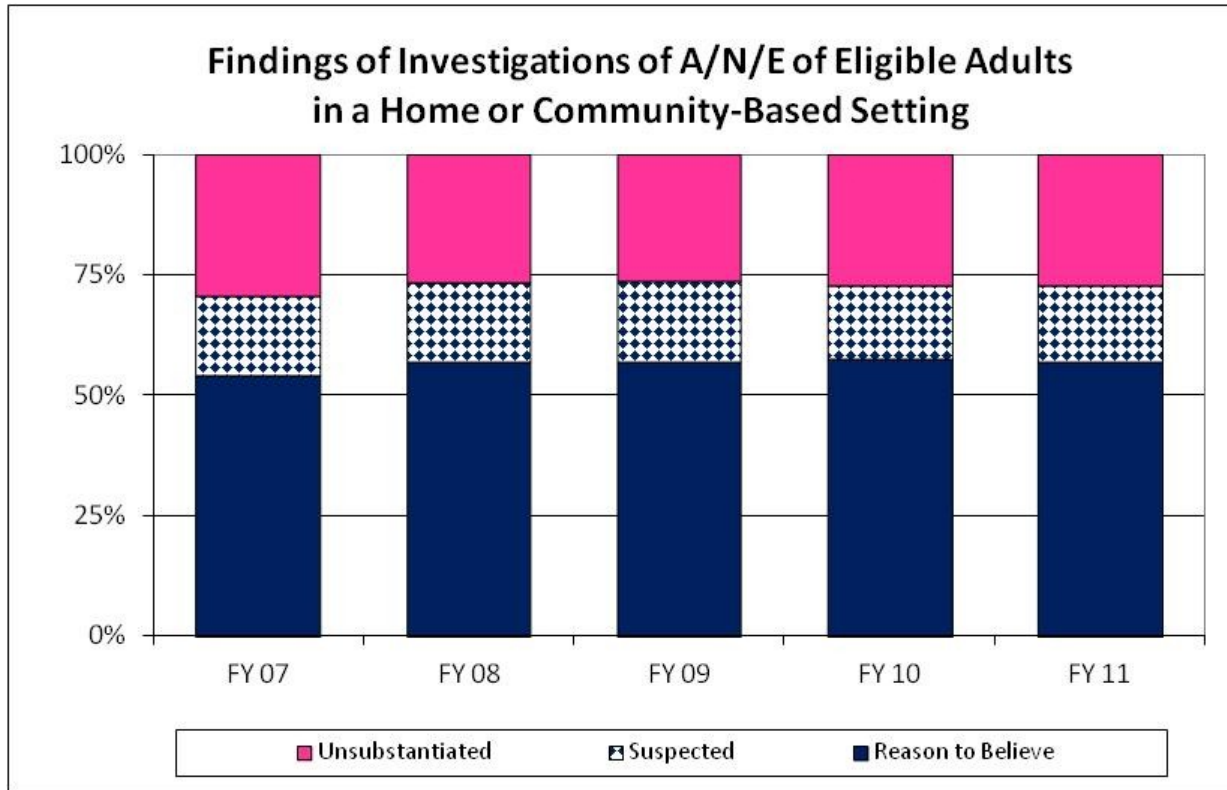
Almost 91 percent of alleged Class I victims are seen within 24 hours.

About 86 percent of alleged Class II victims are seen within one week.



Findings

Investigators found either a “reason to believe” or “suspect” the allegations occurred in 57 percent and 15.9 percent of the reported cases, respectively. Those cases are classified as “substantiated.” The percentage of substantiated cases remained relatively steady for the last three years.

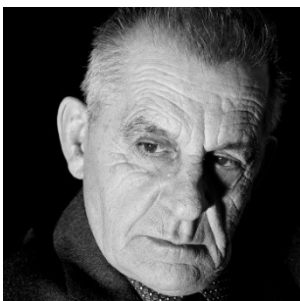


Home & Community-Based Investigation Findings

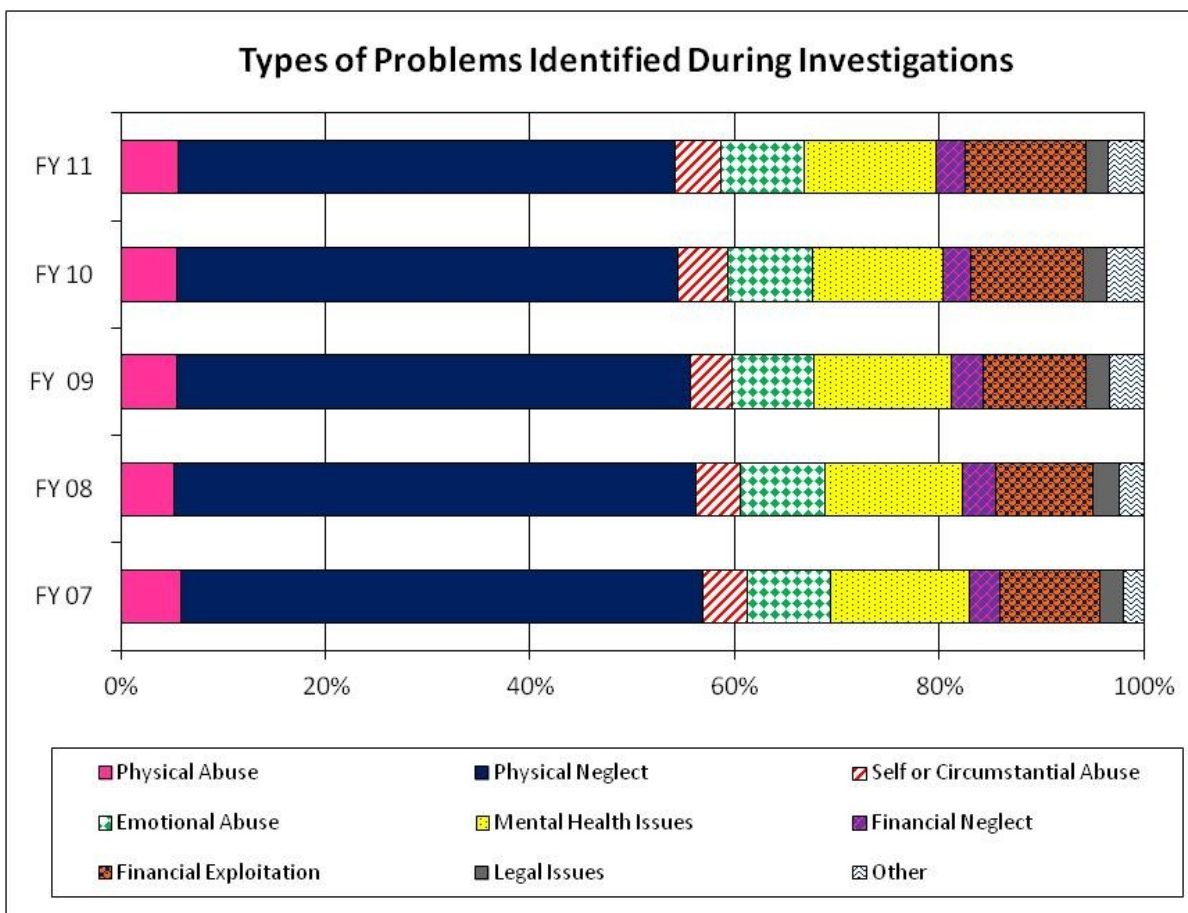
Reason to Believe (Substantiated): Substantial amount of evidence is found supporting the allegations contained in the report.

Suspected (Substantiated): Based on worker judgment, allegations contained in the report are probable or likely.

Unsubstantiated: The evidence of the investigation does not support the allegations.



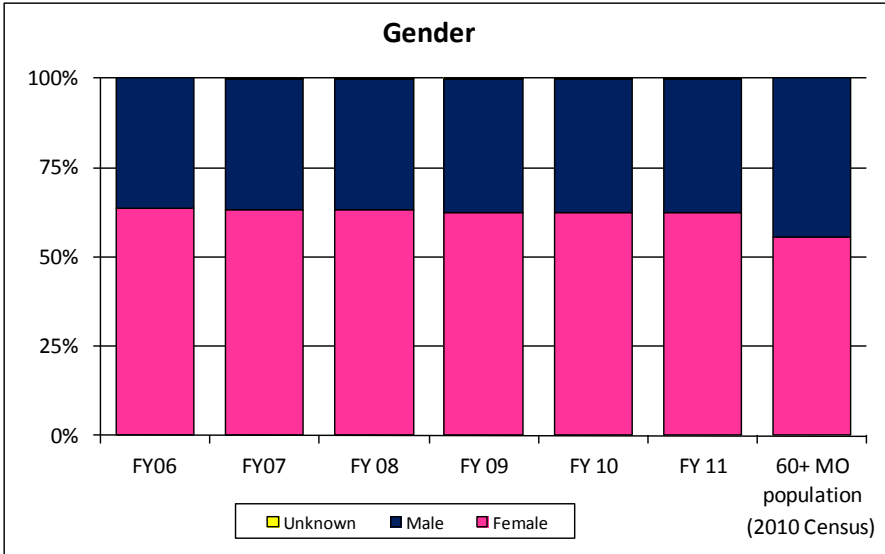
Problems listed in the chart below are based on those investigators suspected during an investigation, but the actual number may be much higher. For instance, an elderly person may be the target of physical abuse, emotional abuse, and financial neglect; but, an investigator may be able to substantiate only the allegation that prompted a hotline call (i.e., financial neglect). The largest category of suspected problems, 48.6 percent, continues to be physical neglect, which includes self-neglect. A slight increase occurred in financial exploitation cases compared to FY 2010, but most other cases saw little change.



The categories of Self or Circumstantial Abuse and Legal Issues were added in FY 2007. The category of Emotional Neglect was removed in FY 2007.

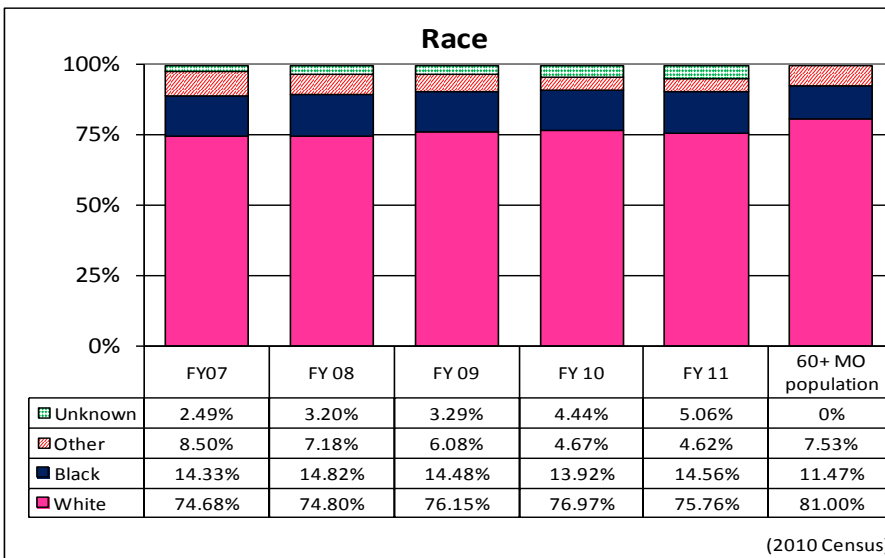
Determination of Findings By Category												
	Reason to Believe				Suspected				Unsubstantiated			
	FY 08	FY 09	FY 10	FY 11	FY 08	FY 09	FY 10	FY 11	FY 08	FY 09	FY 10	FY 11
Physical Abuse	33.21%	34.37%	36.20%	36.93%	16.30%	16.87%	15.46%	16.30%	50.49%	48.76%	48.34%	46.77%
Self or Circumstantial Abuse	42.05%	44.67%	45.87%	47.51%	20.14%	18.79%	18.65%	18.12%	37.81%	36.54%	35.48%	34.37%
Physical Neglect	43.73%	43.03%	44.93%	44.51%	15.58%	15.99%	14.68%	15.26%	40.69%	40.98%	40.39%	40.23%
Emotional Abuse	37.23%	38.78%	39.64%	38.47%	19.70%	18.56%	18.32%	18.95%	43.07%	42.66%	42.04%	42.58%
Mental Health Issues	52.84%	53.77%	58.26%	57.26%	19.96%	19.26%	17.66%	17.00%	27.20%	26.97%	24.08%	25.74%
Financial Exploitation	18.42%	18.44%	19.15%	18.27%	18.14%	19.64%	18.56%	19.87%	63.44%	61.92%	62.29%	61.86%
Financial Neglect	51.38%	50.39%	53.99%	49.76%	17.83%	17.58%	16.95%	15.69%	30.79%	32.03%	29.06%	34.55%
Legal Issues	33.88%	35.15%	39.59%	39.04%	16.61%	17.11%	14.04%	17.78%	49.51%	47.74%	46.37%	43.18%
Other	35.36%	35.42%	37.97%	32.99%	10.84%	12.95%	10.56%	11.68%	53.80%	51.63%	51.47%	55.33%

Demographics of Alleged Victims Compared to Missouri's Population for Completed Investigations

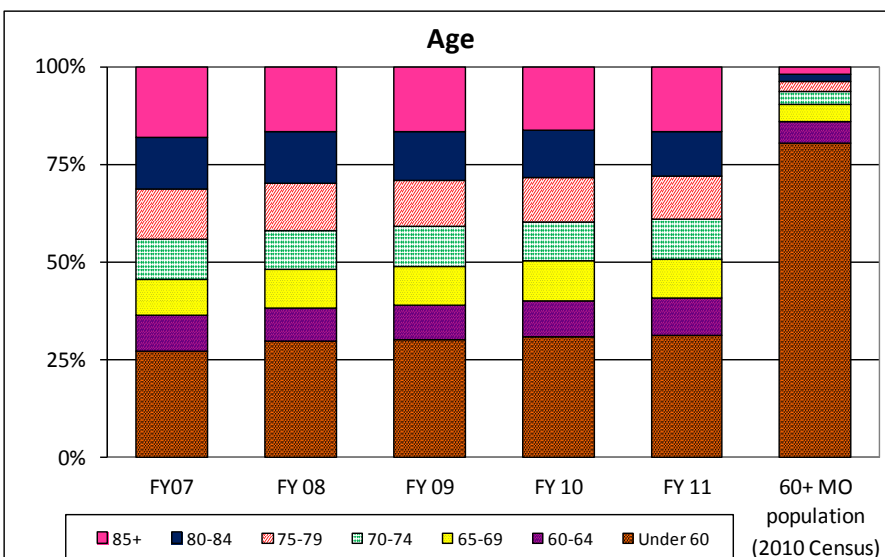


Demographic data was compared to Missouri's 2010 Census data. Current estimates indicate Missouri's population is 5.65 million, with more than 1.17 million people age 60 or older.

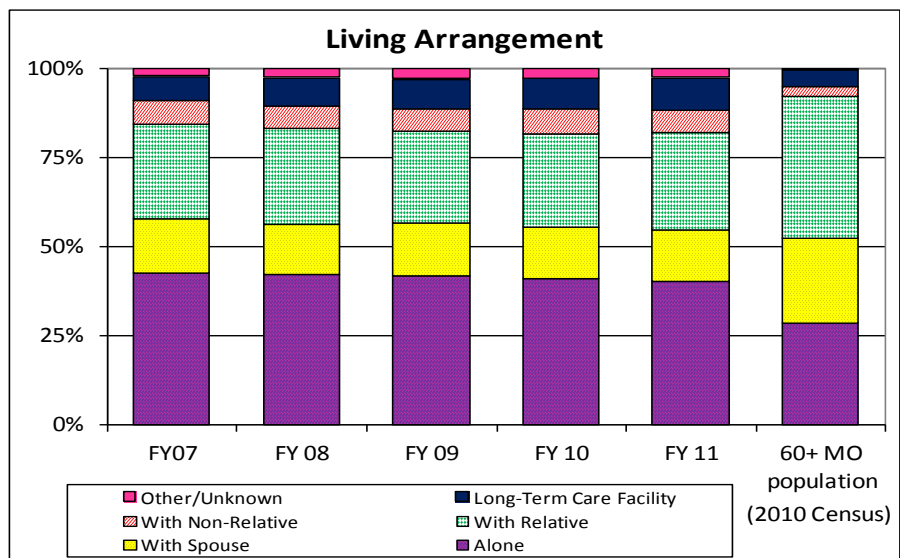
The percentage of alleged, female abuse and neglect victims is only slightly higher in the senior population than in Missouri's overall female population.



Ethnic minorities make up about 19.2 percent of alleged victims, a significantly higher percentage than their representation in the population as a whole.



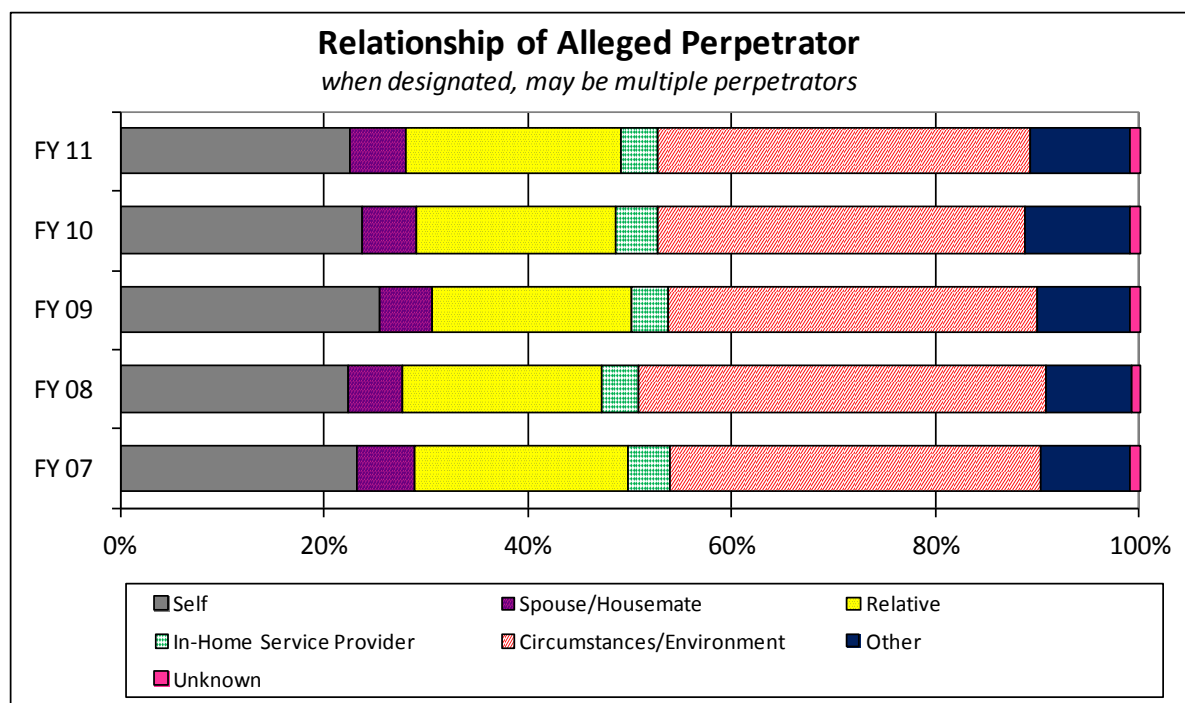
Reports show that alleged abuse and neglect victims are all ages, but the likelihood of being abused increases with age. The percentage of victims older than 70 has fallen to less than 50 percent in the last five years. However, the percentage of alleged victims between 18 and 59 with a disability has steadily increased in the last four years, to more than 30 percent.



Living arrangement does not seem to have a significant effect on the incidence of abuse or neglect. However, living alone, in a long-term care facility, or with a non-relative puts individuals at a slightly higher risk for abuse or neglect. These findings are consistent with FY2011 data.

Alleged Perpetrator Data (Where Available)

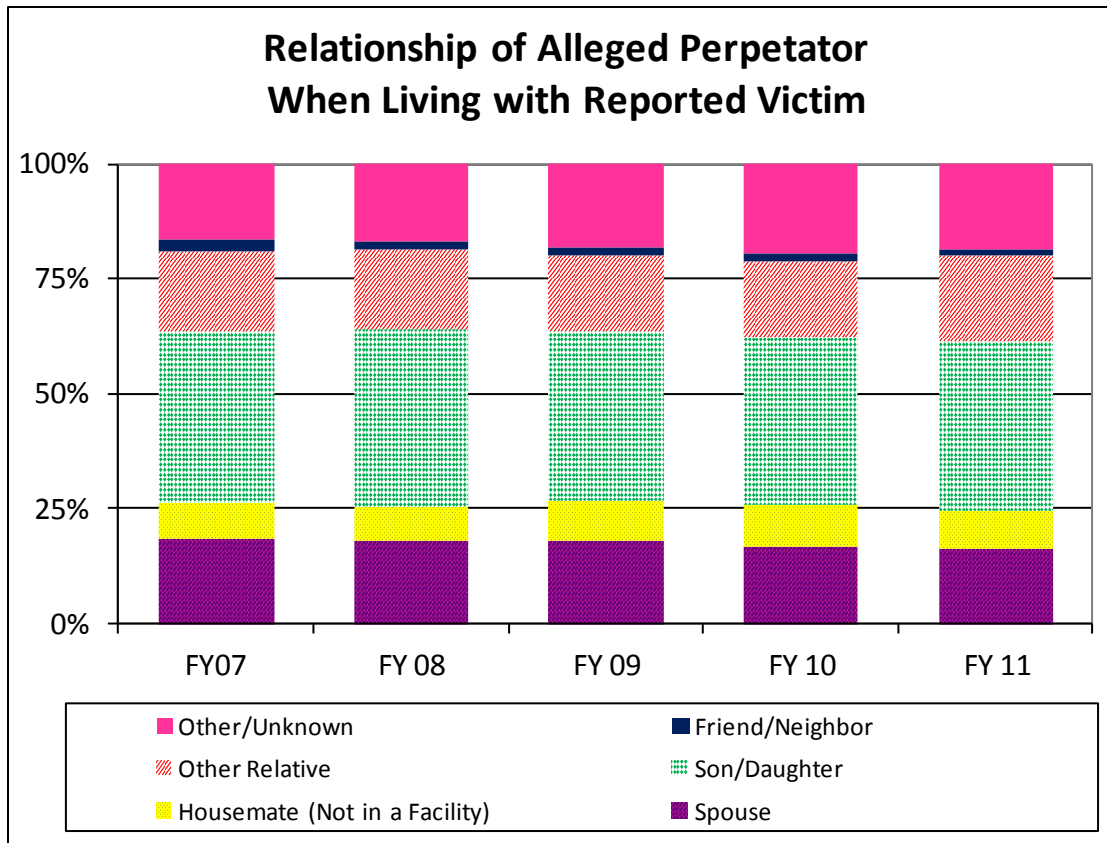
Characteristics of alleged perpetrators are collected when possible. Such information is not available for every report of abuse, neglect, or financial exploitation.



An individual's circumstances or environment, such as a lack of heat, air conditioning, or running water, continues to be the largest contributing factor in reports. This finding parallels FY 2011 data. In comparison, reports of self-neglect and abuse, such as not taking one's medication or abusing alcohol, dropped 1.18 percent from FY 2010 to FY 2011.

Another significant percentage of reports names the alleged perpetrator as a relative of the victim (e.g., child, sibling, parent, grandchild, etc.) For the first time since FY 2007, more than 20 percent of the alleged perpetrators are related to the alleged victim.

A son or a daughter is the alleged perpetrator in nearly 37 percent of abuse and neglect cases in which the perpetrator lives with the alleged victim. In more than 71 percent of alleged abuse or neglect cases, the alleged victim is related to his or her abuser, by either marriage or blood. Conversely, the number of reports in which the alleged perpetrator is not identified, or is an unrelated housemate, friend, or neighbor, dropped nearly 2 percent from FY 2010 to FY 2011.

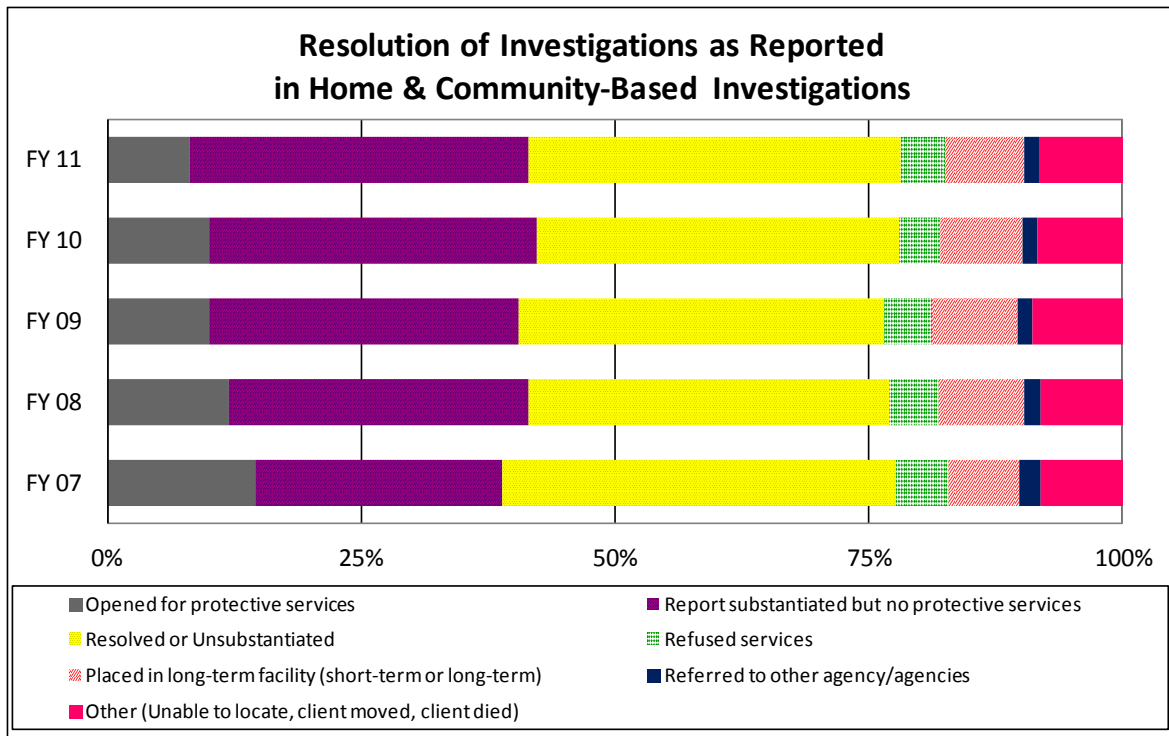


Intervention Services

Intervention Services are available to eligible adults through Missouri's Adult Protective Services Program. A trained Adult Protective and Community Services Worker investigates the report, assesses the alleged victim, and assists in arranging appropriate intervention services if the alleged victim chooses to receive services. The alleged victim is empowered to make his or her own choices, including those regarding long-term care.

Resolutions generally fall into three categories: a report is substantiated and the victim agrees to a Protective Services Plan; a report is substantiated, but no protective services are necessary; or, the issue is resolved by another means or the report is unsubstantiated.



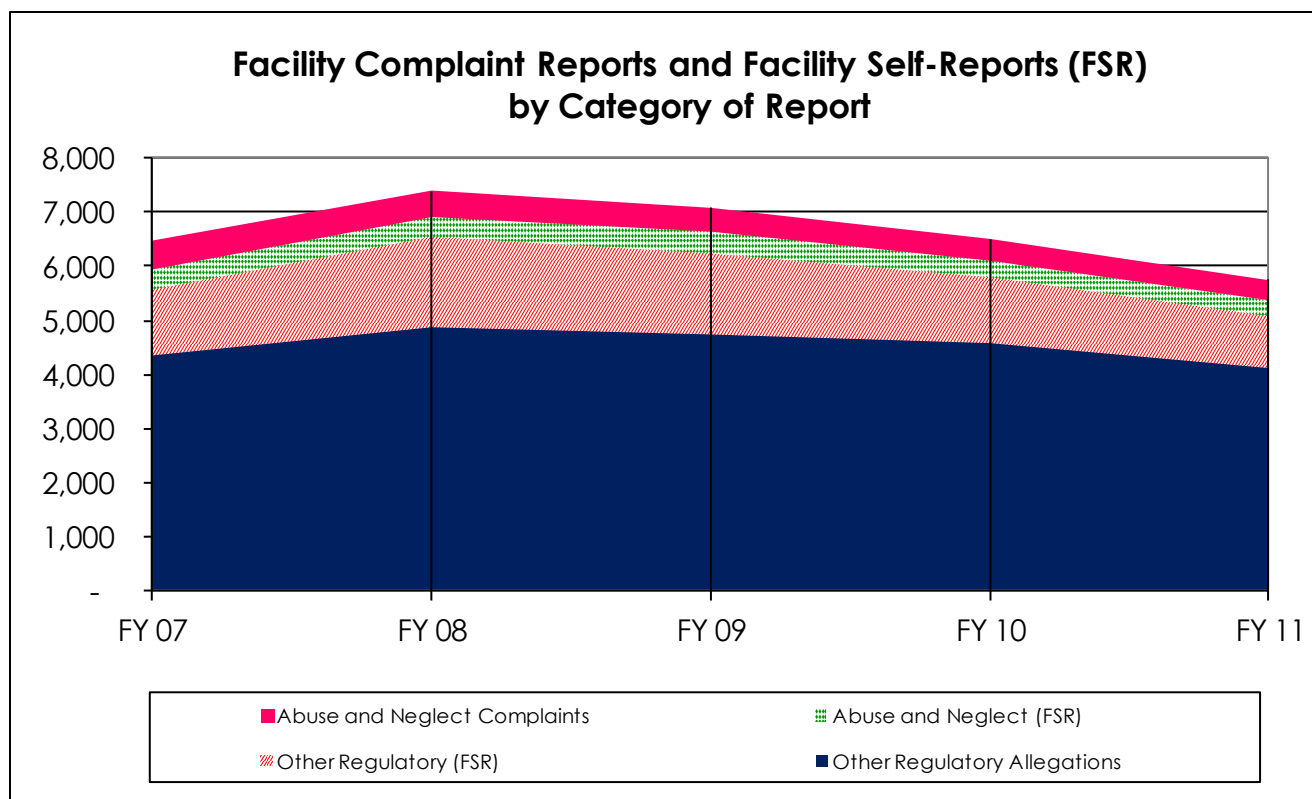


Investigations were resolved similarly in FY 2010 and FY 2011, with one exception. Alleged victims chose not to access protective services almost 2 percent less often in FY 2011.

Adult Protective Services Intervention Services		
Core Services <ul style="list-style-type: none"> Intake and assessment Case management Follow-up Early intervention services 	Legal <ul style="list-style-type: none"> Law enforcement Attorneys; Bar associations; Legal Aid Civil commitment Orders of protection Probate and circuit courts Guardianship/conservatorship/public administrator Better Business Bureau referrals 	Home Support and Housing <ul style="list-style-type: none"> Respite Home and Community Based Services Alternative housing, HUD programs, housing authorities, retirement villages Home repair Residential care, assisted living facilities, and nursing homes
Emergency <ul style="list-style-type: none"> Emergency shelter, food, or clothing Emergency caregiver or placement Crisis intervention 	Health and Medical <ul style="list-style-type: none"> Hospitalization, doctor visit, outpatient clinics Health screening/evaluation Drug information and health education Mental health services Dental care Home health care, visiting nurses, public health department Adult day care MO Medicaid/Medicare Congregate/home-delivered meals Boarding/nursing homes Assisted living facilities Voluntary organizations 	Social, Educational, and Recreational <ul style="list-style-type: none"> Support groups Transportation Religious/church organization Congregate meals/Senior Centers Counseling Adult educational classes Crime prevention Civic groups, clubs, fraternal organizations, AARP Voluntary organizations Adult day care Outreach Information and referral assistance Telephone reassurance Friendly visitor Arts and crafts courses
Financial and Economic <ul style="list-style-type: none"> Money management: counseling, power of attorney, payee, conservatorship Income stretching benefits: SSI, SS, VA, Food Stamps, MO Medicaid, pensions, Railroad Retirement, health insurance Employment programs/agencies Clubs and churches that provide specific services: Lions, Rotary, civic and fraternal organizations Referrals for temporary financial support 		

Long-Term Care Facilities

Long-term care facilities are obligated to report incidents, including abuse and neglect, which occur within a facility. Reports are also accepted from other individuals who report abuse, neglect, or regulatory issues, if they believe a violation is occurring within the facility.



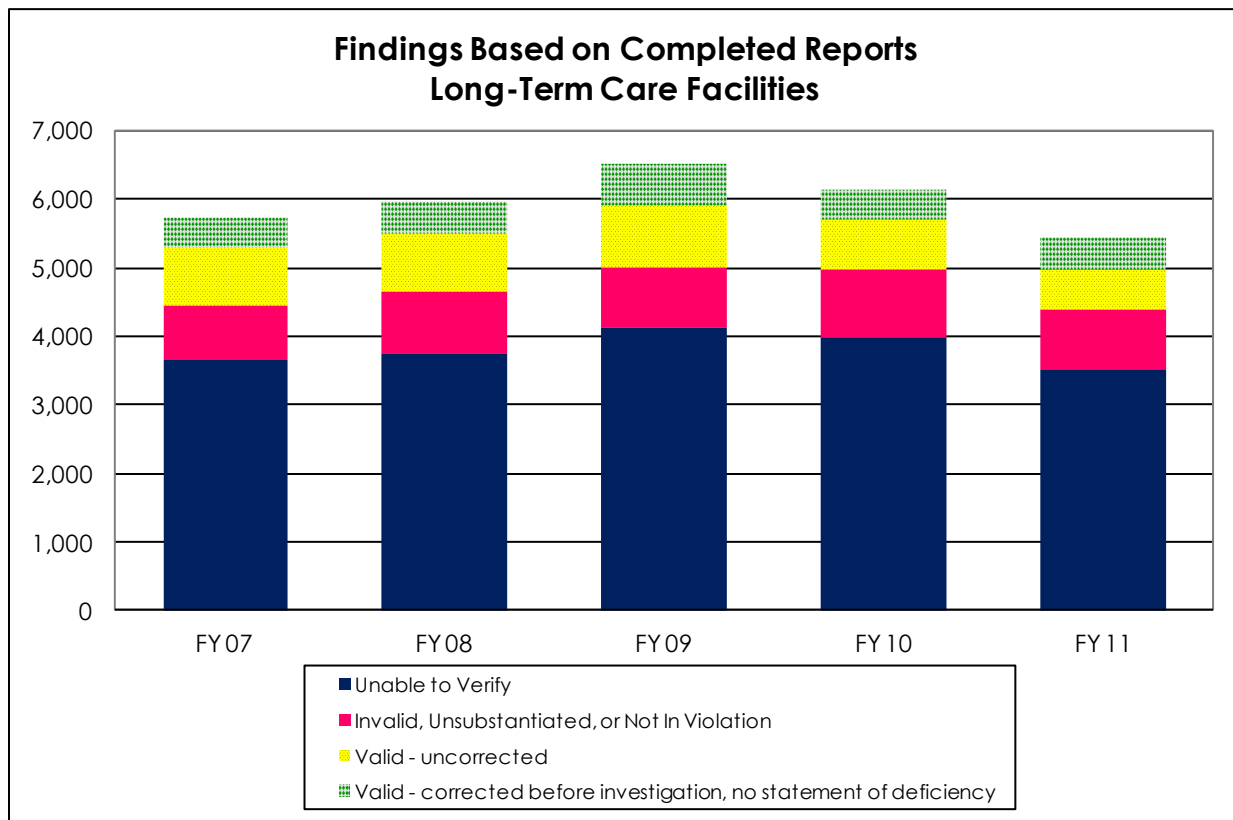
Long-Term Care Facility Findings

Valid: A conclusion that the allegation did occur and there was a statutory or regulatory violation.

Invalid: A conclusion that the allegation did not occur; a conclusion that there is not a reasonable likelihood that the allegation occurred OR, a conclusion that the allegation either occurred or there is a reasonable likelihood that it occurred, but there is not a statutory or regulatory violation.

Could Not Verify: A conclusion about a regulatory violation cannot be reached because of conflicting information.

Abuse and neglect comprised approximately 11.5 percent of the self-reports and complaints received in FY 2011, up slightly FY 2010. The vast majority of reports continue to be about other regulatory issues.

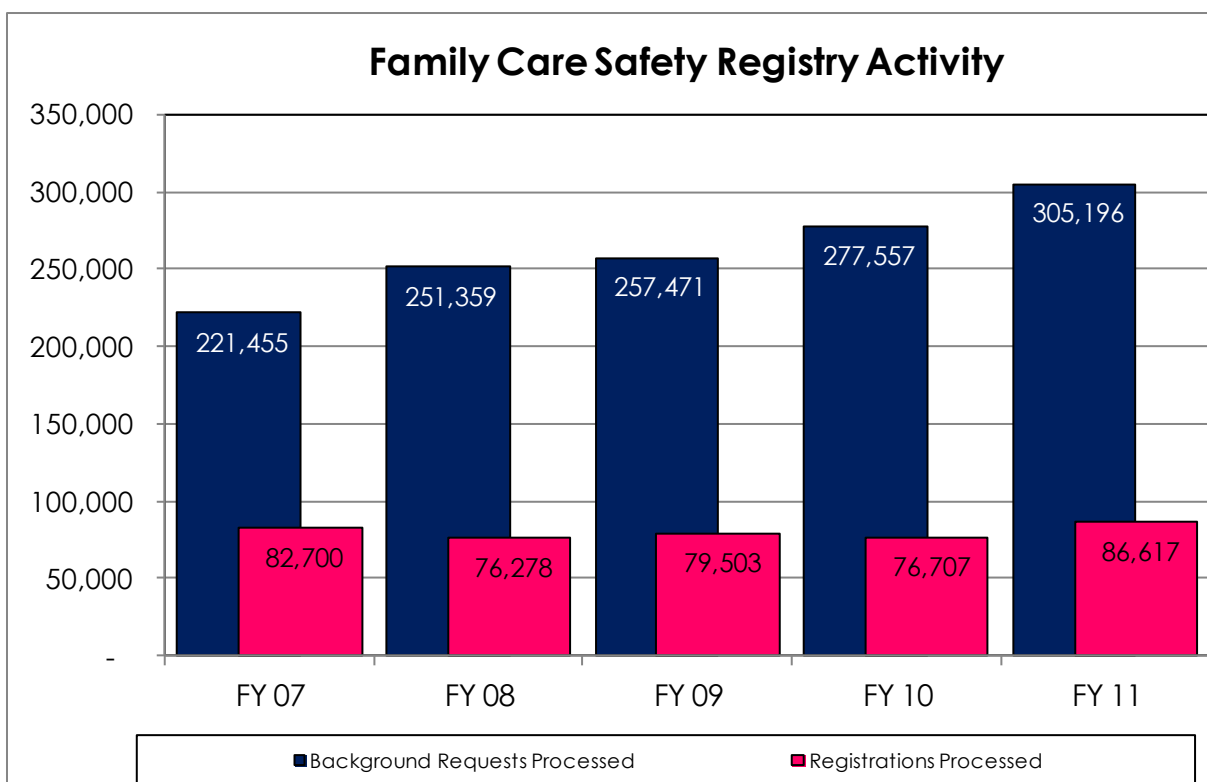


The majority of reports in long-term care facilities could not be verified. Verifiable reports dropped for the second straight year.



Family Care Safety Registry (FCSR)

Caregivers required to register with the FCSR include individuals employed by elder care providers and those who receive state or federal funds as payment for elder care services. Elder care providers include home health agencies, hospices, hospitals, nursing facilities, residential care facilities, in-home service providers, and consumer-directed service vendors. Persons who are not required to register may do so voluntarily. Employers may submit completed registration forms for multiple prospective employees. Registration fees may be paid by the individual or by the employer, and both the applicant and the employer will receive notification of the screening results. Workers need to register only one time, even if they change jobs.



Background information from the FCSR may be requested for **employment purposes only**. **The request may be made** by phone, fax, mail, or Internet. There is no charge to obtain a background screening on registered workers.

To contact the Family Care Safety Registry, call toll-free at 1-866-422-6872, or visit: <http://www.health.mo.gov/safety/fcsr/index.php>

State Statutory References

[Chapter 198 RSMo, Convalescent, Nursing, & Boarding Homes](#)

[Chapter 208 RSMo, Consumer-Directed Services](#)

[Chapter 565 RSMo, Offenses Against The Person](#)

[Chapter 570 RSMo, Stealing and Related Offenses](#)

[Chapter 660 RSMo, Protective Services For Adults](#)

For more information on [Abuse, Neglect, and Financial Exploitation](#), click on this link.

To report suspected abuse, neglect, or financial exploitation of an elderly person or an adult with a disability, call 1-800-392-0210.

